

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028864

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 157

Primary Registration District No. 4248

Registrar's No. 136

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0490

2 0496

3

4 0

5 1

6

7 0

8 2

9 4200

10

11

12 90-2

13 30

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Sarcoxie

Length of stay in 1b
IMMEDIATE

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 117 S. 5th.

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jasper

c. CITY OR TOWN Reeds Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) Route # 1
Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First Middle Last

John Elmer Abram

4. DATE OF DEATH

Month Day Year
July 8, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-15-1890 - 72

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Newton Co., Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Stephen R. Abram

13b. MOTHER'S MAIDEN NAME

Margaret E. Alburty

14. NAME OF HUSBAND OR WIFE

Eva Stroup Abram

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. John E. Abram, Reeds #1, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiovascular Collapse

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute Pulmonary edema

DUE TO (c)

Atherosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

30 min

22 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7/1/63 to 7/8/63 and last saw him alive on 7/8/63
Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James H. Roegner

D. O.

22b. ADDRESS

Sarcoxie, Mo.

22c. DATE SIGNED

7-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

7-10-63

23c. NAME OF CEMETERY OR CREMATORY

SARCOXIE CEMETERY

23d. LOCATION (City, town, or county)

SARCOXIE, MO.

24. FUNERAL DIRECTOR

ADDRESS

Ulmer-Moss Funeral Home, Sarcoxie, Mo. 7-10-63

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

My Christa

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edwin C. Thum

Licensed Embalmer No. 4955

P. O. Address Carthage, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.